



**Title V Operating Permit
SEMI-ANNUAL PERMIT DEVIATION AND MONITORING REPORT**

The Title V Permit Program requires that each Title V permit holder submit semi-annual monitoring reports as required by 40 CFR 70.6(a)(3), to demonstrate that the appropriate data is being monitored and recorded in order to certify the source's compliance status. All instances of deviations from permit requirements must be clearly identified in such reports. The semi-annual periods are January through June, and July through December, and the reports are due to be submitted no later than the following July 31 and January 31, respectively.

Part 1 - Facility Information and Certification

*(This form, or the equivalent information, is required with **all** Semi-Annual Monitoring submittals.)*

Facility Name: _____

Facility Location: _____

Title V Permit Number: _____ **TV-OP-** _____ **Permit Issuance Date:** _____

Reporting Period - Start Date: _____ **End Date:** _____

| | Responsible Official | Permit Contact Person |
|-----------------|----------------------|-----------------------|
| Name | | |
| Title | | |
| Mailing Address | | |
| Phone Number | | |
| Fax/email | | |

Does the above information **differ** from what is indicated on your Title V Permit? **Yes** ☐ **No** ☐

CERTIFICATION OF ACCURACY:

"I am authorized to make this submission on behalf of the facility for which the submission is made. Based on information and belief formed after reasonable inquiry, I certify that the statements and information in the enclosed documents are to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment."

Signature of Responsible Official

Title of Responsible Official

Print Name of Responsible Official

Date Signed



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Part 2 - Deviation Verification

| Question | Response (Yes or No) |
|---|--|
| Did the facility have any deviations from Title V Permit requirements during this reporting period? | No <input type="checkbox"/> (Complete Part 1, 2 and 3 <u>only</u>) Yes <input type="checkbox"/> (Complete Parts 1 through 4, and 5 if applicable.) |



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Part 3 – Monitoring Data Summary

*(This form is **optional**. Use this form to reference the monitoring data required by the permit and submitted with this report).*

Facility Name: _____ **Reporting Period - Start Date:** _____ **End Date:** _____

List in the table below the monitoring data required to be submitted in this semi-annual report by the Permit. Attach summaries of the data required to be submitted with this semi-annual report to this table:

| (1) Permit Condition # | (2) Monitoring Data | (3) Frequency of Monitoring | (4) Deviations during Reporting Period? Yes/No | (5) Summary of Data Attached? Yes/No (If yes, describe data summary) |
|---------------------------------|------------------------|-----------------------------------|--|---|
| | | | | |
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Attach additional pages, if needed. If more than one page is submitted, indicate Page ____ of ____



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Part 4 – Permit Deviation Summary Report

*(This form, or the equivalent information, is required **only** if deviations occurred during the reporting period).*

Facility Name: _____ **Reporting Period - Start Date:** _____ **End Date:** _____

| (1) Permit Condition # | (2) Description of Deviation | (3) Date Deviation Occurred | (4) Date Deviation Corrected | (5) Date Deviation reported to DES * |
|------------------------------|---------------------------------|-----------------------------------|------------------------------------|---|
| | | | | |
| | | | | |
| | | | | |
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Attach additional pages, as needed. If more than one page is submitted, indicate Page ____ of ____

*** Note: If any deviation has not already been reported to DES, complete the information required in Part 5 of this report.**



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Part 5 – Permit Deviation Report

*(This form, or the equivalent information, is required **only** if deviations occurred during the reporting period and have not been reported previously).*

Facility Name: _____ **Reporting Period - Start Date:** _____ **End Date:** _____

| (1) Permit Condition # | (2) Device (if appl.) | (3) Emission Increase? | (4) Pollutant (if appl.) | (5) Deviation Description | (6) Deviation Date | (7) Deviation Duration | (8) Cause of Deviation | (9) Corrective Action |
|---------------------------------|--------------------------------|---|--------------------------------|---------------------------------|--------------------------|------------------------------|------------------------------|-----------------------------|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |

Attach additional pages, as needed. If more than one page is submitted, indicate Page ____ of ____